Michigan Department of Community Health Bureau of Health Systems Division of Nursing Home Monitoring

AMENDMENT TO APPLICATION FOR A NURSING HOME LICENSE CHANGE OF ADMINISTRATOR OR DIRECTOR OF NURSING

Retain this form in your files for completion when either change occurs.

A current copy of the individual's license must also be attached.

Michigan Department of Community Health SUBMIT TO: **Bureau of Health Systems - Division of Nursing Home Monitoring** PO Box 30664 Lansing MI 48909 Facility Name: Facility Telephone Number: Address: In compliance with Act 368, Public Acts of 1978 and rules governing the administration of Nursing Homes, I hereby notify you of the following amendment(s) of information on file with the Department. 1. CHANGE OF ADMINISTRATOR New Administrator's Name: _____ License No: _____ Home Address: ______ Effective Date: _____ 2. CHANGE OF DIRECTOR OF NURSING New Director of Nursing:

License No: Home Address: ______Effective Date: _____ I certify that the information provided on this amendment is true, complete and accurate to the best of my knowledge. Signature of Authorized Representative Date

Authority: P.A. 368 of 1978 as amended Completion: Mandatory

BHS-NHM-110 (02/04)

INSTRUCTIONS:

The Department of Community Health will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, martial status, disability, or political beliefs.